

# Leave of Absence Request

Please complete the information below.

To: Human Resource Department	Date:
From:	On-site Employer:
Supervisor:	Date Received:

### Disability Leave of Absence

Attached is a disability certificate completed by my physician, approximating the dates of disability to be from \_\_\_\_\_ to \_\_\_\_\_. I will be returning to work on \_\_\_\_\_. Should you change the dates of your disability, you must submit a revised disability certificate from my physician.

### Newborn Child Care

I would like to request a newborn child care leave (up to twelve weeks unpaid leave of absence) of \_\_\_\_\_ (indicate length of leave). I plan to return to work on \_\_\_\_\_.

### Leave of Absence (Disability)

I would like to request a leave beginning \_\_\_\_\_ and ending \_\_\_\_\_. My reason for this request is \_\_\_\_\_. I plan to return to work on \_\_\_\_\_.

Employee Name:	Date:
Employee Signature:	
Manager Name:	Date:
Manager Signature:	
Witness Signature:	Date:

EMAIL TO HUMAN CAPITAL: [HR@human-capital.com](mailto:HR@human-capital.com)